

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

17. 9209
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APR 25 1934

1. PLACE OF DEATH

County Jackson Registration District No. 358
 Township New Primary Registration District No. MO 02
 City H. C. no (No. 350 Lumbdale) St. Lumbdale Ward

File No. _____
 Registered No. 1498
 St. Lumbdale Ward

2. FULL NAME

Rena L. Perks
 (a) Residence, No. Camden, Mo. St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Walter Perks

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-4-1862

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs or min
<u>70</u>	<u>6</u>	<u>5</u>	<u>7</u>	<u>4</u>
				<u>23</u>

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

13. NAME Jasper Thompson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Elnor Thompson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Geo. W. Perks
 (ADDRESS) 350 So. Lumbdale

18. BURIAL, CREMATION, OR REMOVAL PLACE Camden, Mo. DATE 3/30/34

19. UNDERTAKER Wm. C. L. Foster
 (ADDRESS) 918 Broadway, etc

20. FILED Mo 29, 1934 M. M. Brown
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mo - 28 - 34

22. I HEREBY CERTIFY that the deceased died from _____
 I last saw him/her alive on _____, 19____. Death is said to have occurred on the date stated above, at 6:30 P.M.

The principal cause of death and related causes of importance were as follows:

Primary thrombosis
Acute pulmonary edema

Other contributory causes of importance: no

Name of operation Autopsy Date _____

23. If death was due to external causes (violence, etc.) also give the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) [Signature] M. D.

(Address) [Address]

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

